MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	49					
TOTAL CLAIMS	50					

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS